

Family Support Services Outcomes Report Fiscal Year 2024

**As Required by
Texas Human Resources Code Section
137.059 and 137.257; and Rider 169
(2024-25 General Appropriations Act,
House Bill 1, 88th Legislature, Regular
Session, 2023 (Article II, Health and
Human Services Commission, Rider
169)**

**Texas Health and Human Services
December 2024**



TEXAS
Health and Human
Services

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Executive Summary

Senate Bill (S.B.) 24, 88th Legislature, Regular Session, 2023, amended Texas Family Code and Texas Human Resources Code to transfer the Prevention and Early Intervention (PEI) division at the Department of Family and Protective Services (DFPS), and establish it as the Family Support Services (FSS) department within the Health and Human Services Commission (HHSC) effective September 1, 2024. This report meets the requirements established in Section 137 of the Texas Human Resources Code as established by S.B. 24. Section 137, which states:

Sec. 137.059. REPORTS TO LEGISLATURE. (a) Not later than December 1 of each even-numbered year, the commission shall prepare and submit a report on state-funded prevention and early intervention programs and practices to the standing committees of the senate and house of representatives with jurisdiction over child protective services.

(b) A report submitted under this section must meet any requirements set by the commission under this subchapter.

Sec. 137.257. REPORTS TO LEGISLATURE. (a) Not later than December 1 of each even-numbered year, the commission shall prepare and submit a report on state-funded home visiting programs to the Senate Committee on Health and Human Services and the House Human Services Committee or their successors.

(b) A report submitted under this section must include:

(1) a description of home visiting programs being implemented and the associated models;

(2) data on the number of families being served and their demographic information;

(3) the goals and achieved outcomes of home visiting programs;

(4) data on cost per family served, including third-party return-on-investment analysis, if available; and

(5) data explaining what percentage of funding has been used on evidence-based programs and what percentage of funding has been used on promising practice programs.

This report meets the requirements established in Rider 169 of House Bill 1 (2024-25 General Appropriations Act, 88th Legislature, Regular Session, 2023 (Article II, Health and Human Services Commission, Rider 169).

Rider 169. Prevention Outcomes. Not later than December 1, 2024, the Health and Human Services Commission (HHSC) with the assistance of the Department of Family and Protective Services shall report on the effectiveness of the Prevention and Early Intervention (PEI)/Family Support Services (FSS) programs. Specifically, HHSC shall report the number of families served for each program, how appropriations are being expended, and whether:

(a) Parents abuse or neglect their children while receiving PEI/FSS services, during or up to one year after receiving services, and during or up to three years after receiving services;

(b) Youth are referred to juvenile courts during or after services;

(c) Protective factors in parenting have increased (based on a validated pre and post survey);

(d) The programs focused on children ages three and under helped to reduce the number of child fatalities;

(e) The parents receiving the services had any prior Child Protective Services involvement; and

(f) Any other outcome measures HHSC determines are appropriate based on the Strategic Plan for PEI/FSS pursuant to Human Resources Code, Section 137.005.

The report shall be provided to the Legislative Budget Board, the Governor, the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.

FSS plans, develops, and offers programs to children, youth, and families through grants within communities across Texas. These programs promote healthy families and communities through community-based grants that offer free, voluntary services to families. FSS grantees offer a combination of in-person and virtual services, including a variety of approaches such as Family Resource Centers, home visiting, and specialized services for youth, fathers, military-connected families, and kinship caregivers.

The 88th Legislature awarded over \$30 million for each year of the biennium to expand prevention programming in Texas for the Community Youth Development (CYD), Family and Youth Success (FAYS), Healthy Outcomes Through Preventions and Early Support (HOPES), Texas Home Visiting (THV), and Texas Nurse-Family Partnership (TNFP) programs. With this expansion, additional families and communities are able to receive services including innovative approaches and partnerships within a community. Expansion funding also allows FSS to help support other issues that impact service delivery such as client outreach, recruitment and retention efforts, workforce recruitment and retention, and address increasing costs of program delivery, overhead, and staffing costs.

In fiscal year 2024, FSS programs were able to positively impact 67,627 Texas families and their communities, as detailed in the below report.

Family Support Services Outcomes in Fiscal Year 2024

Under Section 137.003 of the Texas Human Resources Code, FSS programs are directed to help families and communities by:

- Promoting healthy outcomes and strengthening support systems for children and their families.
- Assisting families to achieve self-sufficiency and stability.
- Promoting workforce participation.
- Preventing or reducing risk factors that may lead to:
 - ▶ Child abuse and neglect.
 - ▶ Juvenile delinquency, running away, truancy, dropping out of school, or substance use.
 - ▶ Involvement with the child welfare system, juvenile justice system, or the criminal justice system.

By measuring outputs, efficiencies, and outcomes, FSS is able to target resources and ensure a high return on investment for the State of Texas.

Key Outputs and Outcomes Fiscal Year 2024

- **67,627** families and youth served.
- **99 percent** of families served increased at least one protective factor.

- **100 percent** of families served reported services met their needs or supported their parenting goals.
- **98 percent** of participating children or youth did not become a confirmed victim in a child protective investigation while they or their family were receiving services.
- **91 percent** of participating children or youth did not become a confirmed victim in a child protective investigation three years after receiving services.
- **98 percent** of youth served were not involved with the juvenile justice system.
- **2,130,826** visits to [GetParentingTips.com](https://www.getparentingtips.com).

Overview of Family Support Services

The FSS department within HHSC assists communities in identifying, developing, and delivering high quality services and supports for families across Texas. These programs promote opportunities for partnerships with families that capitalize on the strengths of parents and children together to build healthy families and resilient communities. This allows families to engage in services upstream from crisis and before the need for intensive interventions.

Programs Providing Support to Families with Young Children

Healthy Outcomes through Prevention and Early Support¹

Program Description: Healthy Outcomes through Prevention and Early Support (HOPES) is a flexible community grant that funds a wide variety of innovative initiatives and supports for families with children birth to 5 years old. Supports typically include home visiting services as well as other supports that build protective factors, such as parent support groups, maternal depression screening, early literacy promotion, case management, and parent education. HOPES grants also include local collaborations with healthcare, faith-based, child welfare, early childhood education, and other child and family services organizations in the community.

Service Focus: Families with children birth to 5 years old who are considered at risk for abuse and neglect.

Texas Home Visiting²

Program Description: Texas Home Visiting (THV) is a free, voluntary program through which early childhood and health professionals regularly visit the homes of pregnant women and families with children 5 years old and younger. Through the use of evidence-based home-visiting models, the program supports positive

¹ <https://fss.hhs.texas.gov/programs/hopes.asp>

² <https://fss.hhs.texas.gov/programs/thv.asp>

outcomes for children, increases family self-sufficiency, and creates communities where children and families can thrive.

Service Focus: Expecting parents, caregivers, or primary caregivers of a child 5 years old or younger. While roles vary, they center around people who have an ongoing relationship with and provide physical care for the child. Families are eligible if the parent or primary caregiver is expecting or parenting a young child, from birth until the child's 6th birthday or start of kindergarten, whichever occurs first. Families must reside in the county of a specified service delivery area or unified service area.

Texas Nurse-Family Partnership³

Program Description: Texas Nurse-Family Partnership (TNFP) is a free, voluntary program through which nurses partner with first-time mothers to improve prenatal care and provide one-on-one child development education and counseling.

Service Focus: First-time, low-income mothers and their families from their 28th week of pregnancy through their child's 2nd birthday.

Programs Providing Support to Families and Youth

Family and Youth Success Program⁴

Program Description: The Family and Youth Success Program (FAYS) program addresses family conflict and everyday struggles while promoting strong families and youth resilience. Program providers offer one-on-one coaching or counseling with a trained professional and group-based learning for youth and parents. Some programs under FAYS also operate a 24/7 hotline for families with urgent needs.

Service Focus: Families with youth under 18 years old who are dealing with family conflict or everyday struggles. In some areas of the state, the program only provides services to families with children ages six to 17.

³ <https://fss.hhs.texas.gov/programs/tnfp.asp>

⁴ <https://fss.hhs.texas.gov/programs/fays.asp>

Community Youth Development⁵

Program Description: The Community Youth Development (CYD) program provides funding and technical assistance to community-based organizations to foster positive youth development and build healthy families and resilient communities. Communities prioritize and fund prevention services to address specific needs.

Service Focus: Youth ages six to 17 in ZIP codes with high incidences of juvenile crime.

Statewide Youth Services Network⁶

Program Description: The Statewide Youth Services Network (SYSN) program creates a statewide network of youth programs aimed at positive youth development. FSS funding allows state-level grantees to identify areas that may benefit from additional resources and target specific support to local communities to maintain a statewide network. Examples of services provided through SYSN include mentoring and youth skills development.

Service Focus: Children and youth ages six to 17, with a focus on youth between the ages of 10 to 17 in communities across the state.

Fatherhood EFFECT⁷

Program Description: The Fatherhood EFFECT (Educating Fathers For Empowering Children Tomorrow) program provides parent education and resources to fathers. Beginning in fiscal year 2020, the program's scope expanded to include collaboration with community coalitions, encouraging organizations to increase the quality of supports for fathers, and pivoting to include and support fathers across multiple programs in an organization or community.

Service Focus: Fathers and father figures who are expecting a child or have at least one child, birth to 17 years old.

⁵ <https://fss.hhs.texas.gov/programs/cyd.asp>

⁶ <https://fss.hhs.texas.gov/programs/sysn.asp>

⁷ https://fss.hhs.texas.gov/programs/fatherhood_effect.asp

Service Members, Veterans, and Families⁸

Program Description: The Service Members, Veterans, and Families (SMVF) program provides support for families of children birth to 17 years old in which one or both parents are serving, or have served, in the armed forces, reserves, or National Guard. Through parenting support, education, counseling, and youth development programming, the program:

- Builds on the strengths of caregivers and children to promote strong families.
- Partners with military and veteran caregivers to support positive parental involvement in their children’s lives.
- Partners with military and veteran caregivers to maximize their ability to give their children emotional, physical, and financial support.
- Builds community coalitions focused on promoting positive outcomes for children, youth, and families.

Service Focus: Military families with children ages birth to 17 years old in which one or both parents are serving, or have served, in the armed forces, reserves, or National Guard.

Long-Term Youth and Family Support⁹

Program Description: The Long-Term Youth and Family Support program aims to improve outcomes for children at the highest risk of reentering the child protective services system. Program goals are reducing a child’s interaction with the juvenile justice system, reducing teen pregnancy, and increasing graduation rates from elementary to high school.

Service Focus: Families with youth from kindergarten to 12th grade at the highest risk of reentry into the child protective services system.

Special Initiatives

Family Resource Centers

FSS funds 19 Family Resource Centers (FRCs) that serve as hubs to connect Texas families to supports, services, and opportunities that reflect the needs of each community. All Texas FRCs are required to include resource navigation in their

⁸ <https://fss.hhs.texas.gov/programs/smvf.asp>

⁹ <https://fss.hhs.texas.gov/programs/ltyfs.asp>

service delivery and allow for families to engage in an array of services at varying levels of intensity. Almost 4,000 families used the FRCs for various community activities and support groups during fiscal year 2024. Over 800 families were directly served through the FRCs with more intensive service navigation, parent education, and supports.

Kinship Navigator Program

In 2019, Congress appropriated funds under Title IV-B, subpart 2 of the Social Security Act to support the development, implementation, enhancement, or evaluation of evidence-based kinship navigator programs. Kinship navigator programs are designed to support the many informal kinship placements that occur outside the child welfare system. FSS grantees provide an array of services designed to assist kinship caregivers in accessing programs and services to meet their needs, as well as the children in their care. Grantees engaged in community awareness activities and outreach programs that reached more than 10,000 families across Texas with more than 600 kinship caregivers receiving more intensive supports and resource navigation in fiscal year 2024.

Safe Babies Campaign

The Safe Babies Campaign is an initiative started under Rider 39 from the 84th Legislature (2016-2017 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015 [Article II, Department of Family and Protective Services, Rider 39]). This project funds the provision and evaluation of hospital or clinic-based interventions that are designed to promote protective factors that prevent maltreatment in the first year after birth. Additionally, these interventions are part of a strong evidence base that includes wide-scale implementation of education that supports positive parenting and provides tools to help parents cope with the difficult aspects of caring for an infant. Work under Safe Babies during fiscal year 2024 included evaluating a curriculum designed for community health workers to help build positive brain development for infants and toddlers through parent education that is focused on supporting resiliency, language development, executive functioning, and emotional development.

Through Safe Babies, the Parenting Action Plan was developed to provide one-on-one support in a health setting and through an online app to help parents prepare and respond to caring for a newborn. This tool was built with the idea that providing maternal caregivers with basic parenting support will help them develop positive coping skills, increase their parenting self-efficacy, and help them have realistic

expectations about parenting a newborn. Topics included in the Parenting Action Plan include:

- Feeding and bonding with the baby,
- Soothing and coping with a crying infant,
- Developing an infant sleep routine,
- Maternal sleep,
- Playing and talking to baby,
- Choosing safe caregivers, and
- Home safety issues.

In the original study, women receiving the Parenting Action Plan had significantly better attributions about their baby and felt they had more control over challenging parenting situations than women who did not receive the intervention. Additionally, women receiving the Parenting Action Plan had better knowledge about how to sooth a crying baby and when to take breaks from a crying baby than the group who did not receive this anticipatory guidance and planning. In fiscal year 2024, over 750 Parenting Action Plans were provided to families as part of a randomized control trial. Motivational interviewing concepts are being added to the Parenting Action Plan; a full study is underway to determine the impact of the updated intervention.

Through Safe Babies, there has been ongoing work surrounding Plans of Safe Care through the development of the Family CARE Portfolio. A Family CARE Portfolio is an organizational, executive functioning tool designed to help families:

- Coordinate care,
- Advocate for themselves,
- Record important information, and feel
- Empowered to take charge of their health and well-being.

This work is specifically designed to support pregnant and postpartum women and families with high social risk for poor family outcomes, such as families at risk for or experiencing substance use issues. The goal of a Plan of Safe Care is to strengthen the family, help mothers have a healthy pregnancy, and keep children safely at home. By using this tool, families have an organized way to help them demonstrate and communicate their strengths, needs, and accomplishments. More than 1,200 Family CARE Portfolios were provided to community partners in fiscal year 2024.

Utilizing Services and Supports to Reach Positive Outcomes

FSS programs provide a wide array of services and supports to meet the needs of families across Texas. Below is a list of the various program models and approaches used by FSS grantees. A fully accessible version is located in Appendix A: Overview of FSS Services and Supports. In Table 1. Overview of FSS Services and Supports, “Y” is used to indicate that the type of service or support is used in the listed program as of October 2024. Services and supports may change throughout a fiscal year.

Table 1. Overview of FSS Services and Supports

Type of Service/Support & Program	HOPES	THV	TNFP	Fatherhood EFFECT	SMVF	FAYS	CYD	SYSN	Long-Term Youth and Family Support
1-2-3 Magic						Y			
24/7 Dad	Y			Y					
Abriendo Puertas	Y								
Academic Support						Y	Y		Y
Active Parenting						Y			
Aggression Replacement Training						Y			
Arts and Cultural Enrichment							Y		
AVANCE	Y								
Basic Needs Support	Y	Y	Y	Y	Y	Y	Y		
Big Brothers, Big Sisters					Y	Y			
Bounce Back						Y			
Boys and Girls Club					Y			Y	

Type of Service/Support & Program	HOPES	THV	TNFP	Fatherhood EFFECT	SMVF	FAYS	CYD	SYSN	Long-Term Youth and Family Support
CAT Project						Y			
Circle of Security	Y			Y					
Common Sense Parenting						Y			
Coping Cat						Y			
Counseling	Y			Y	Y	Y	Y		
Curriculum-Based Life Skills				Y			Y		
Defiant Children						Y			
Defiant Teens						Y			
Family Check-Up for Children		Y							
Family Connects	Y	Y							
Family Focused Activities	Y					Y	Y		
Family Resource Centers	Y	Y				Y			
Healthy Families America (HFA)		Y							
Home Instruction for Parents of Preschool Youngsters (HIPPY)	Y	Y							
Incredible Years	Y					Y			
InsideOut Dad				Y					
Kinship Navigator						Y			
Love and Logic						Y			

Type of Service/Support & Program	HOPES	THV	TNFP	Fatherhood EFFECT	SMVF	FAYS	CYD	SYSN	Long-Term Youth and Family Support
Make Parenting A Pleasure						Y			
Mentoring							Y		Y
Mothers and Babies	Y	Y							
Motivational Interviewing						Y			
Nurse-Family Partnership (NFP)		Y	Y						
Nurturing Fathers	Y			Y					
Nurturing Parenting	Y				Y	Y			
Parent/Youth Cafes	Y			Y	Y	Y			
Parenting Wisely				Y		Y			
Parents as Teachers (PAT)	Y	Y		Y					
Positive Action						Y			
Post-High School Readiness							Y		
Promoting First Relationships	Y	Y							
Resource and Referral Navigation	Y	Y	Y	Y	Y	Y	Y	Y	Y
SafeCare	Y				Y				
SafeCare Augmented		Y							
Seeking Safety						Y			
Sports and Movement							Y		
Strengthening Families						Y			

Type of Service/Support & Program	HOPES	THV	TNFP	Fatherhood EFFECT	SMVF	FAYS	CYD	SYSN	Long-Term Youth and Family Support
Strong Families, Strong Forces					Y				
Support Groups	Y			Y	Y	Y			
Systematic Training for Effective Parenting (STEP)	Y				Y	Y			
Teaching Family Model (TFM)	Y								
Therapy modalities	Y					Y			
Triple P	Y				Y	Y			
Trust-Based Relational Intervention (TBRI)	Y					Y			
upLIFT	Y								
upWORDS	Y								
Why Try						Y			
Workforce Readiness/College Readiness							Y		
Wraparound Services	Y				Y				
Youth Leadership Development							Y		

Demographics and Referral Sources

FSS services are designed to be community-centered as part of a larger network of supports for children and families. As such, FSS gathers certain information about referral sources by program, along with primary caregiver demographic data that allows FSS and its grantees to better understand the populations they serve: where they live, how they are connected to services, and the specific needs of children and families within communities.

Table 2. Fiscal Year 2024 Referral Sources

Referral Source	Count of Enrollments	Count of Enroll ID
Self Referral (Parent)	17,740	27%
School, daycare, or other education provider	14,524	22%
Other	9,671	15%
Other Community Agency	7,027	11%
Child Protective Services	4,371	7%
Friend/Relative	4,412	7%
Healthcare provider	3,256	5%
Self Referral (Youth)	1,171	2%
Juvenile Justice System	920	1%
Prior Participant	840	1%
Family Connects	296	0.46%
Law Enforcement	259	0.40%
Clergy/Church	189	0.29%
211 or other hotline	65	0.10%
Texas Youth/Runaway Hotline	4	0.01%
Grand Total	64,745	100%

Table 3. Fiscal Year 2024 Primary Caregiver Demographics – Disability Status

Disability Status	Number of Individuals	Percentage
Yes	3,687	6%
No	51,009	87%
Unknown/Did Not Report	4,075	7%

Table 4. Fiscal Year 2024 Primary Caregiver Demographics – Race/Ethnicity¹⁰

Ethnicity	Percent of Primary Caregivers	Asian	Black	White	Native American	Native Hawaiian/ Pacific Islander	Multiple	Unable To Determine	Declined To Indicate
Hispanic	Percent	0.09%	0.93%	50.71%	0.57%	0.06%	0.29%	2.91%	3.02%
Non-Hispanic	Percent	1.26%	16.00%	19.35%	0.18%	0.16%	0.73%	0.50%	0.29%
Not reported	Percent	0.03%	0.47%	0.68%	0.04%	0.01%	0.05%	1.12%	0.56%
Total Served		1.38%	17.40%	70.74%	0.79%	0.23%	1.07%	4.53%	3.31%

¹⁰ Percentages may not add up to 100 due to rounding.

Table 5. Fiscal Year 2024 Primary and Secondary Caregiver Demographics – Military Status

Military Status	Number of Individuals	Percentage
Active Duty	1,124	1.66%
Active Reserve	91	0.13%
Discharge – Dishonorable	14	0.02%
Inactive Reserve	42	0.06%
National Guard	76	0.11%
No Military Service	40,073	59.13%
Not Indicated	24,549	36.22%
Retired Military	471	0.69%
Veteran	1331	1.96%
Total	67,771	100%

Table 6. Fiscal Year 2024 Primary and Secondary Caregiver Demographics – Marital Status

Marital Status	Number of Individuals	Percentage
Single	16,065	24%
Married	19,671	29%
Not Married but Living with Partner	5,772	9%
Separated	2,926	4%
Divorced	4,092	6%
Widowed	890	1%
Unknown/Did Not Report	18,355	27%
Total	67,771	100%

Program Performance Measures and Outcomes

FSS uses program-specific performance measures to ensure funds are used to address specific risk factors, community needs, and an increasing and diversifying population. FSS will continue using mapping to look for ways to address resource allocation and service delivery across Texas.

Table 7. Measures Currently Used to Evaluate Programmatic Effectiveness

Type	Definition	Example
Outputs	A quantifiable indicator of the number of goods or services an agency produces or provides	Annual number of children served
Outcomes/Effectiveness	A quantifiable indicator of the client's benefit from the agency's action	Percent of children who remain safe and do not become involved in the child welfare system
Efficiency	A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units	Average cost per child or family receiving services

Current Measures

FSS programs use three strategies for measuring outcomes:

- A validated pre- and post-services survey of protective factors, conducted by grantees;
- Qualitative feedback from families through a Program Experience Survey; and
- Data entry into the child welfare and criminal justice systems, if applicable.

Through families completing a pre- and post-Protective Factors Survey, FSS measures increases in the following areas:

- Improved cognitive development of children.
- Increased school readiness of children.
- Reduced child abuse, neglect, and injury.

- Improved child safety.
- Improved social-emotional development of children.
- Improved parenting skills, including nurturing and bonding.
- Improved family economic self-sufficiency.
- Reduced parental involvement with the criminal justice system.
- Increased father involvement and support.
- Improvement in parental knowledge around child development and stress management.
- Increases in parents continuing their education or engaging in the labor force.
- Improved youth and family perception of the program and positive changes they see as a result of receiving services.

FSS also collects and analyzes additional measures through program instruments that are either unique to programs or cross a variety of programs. Examples include mental health, substance use, domestic violence, developmental delay, and homelessness screenings.

To identify areas for cross-system collaboration and improvement, FSS works with other agencies, such as DFPS, Texas Education Agency, Texas Juvenile Justice Department, and the Office of the Attorney General.

Program Outputs

FSS works with grantees to establish specific output measures by program type. These output measures show the number of clients served and critical services provided in relation to the programs' established targets. Using this data, FSS is able to provide technical assistance to support positive outcomes, engage grantees in client recruitment and retention, as well as monitor client engagement in services.

The following table shows annual program target outputs and outcomes and how they have changed by fiscal year.

Table 8. Annual Program Target Output and Outcomes

Program	FY21	FY22	FY23	FY24	Children Remain Safe as a measure?	Juvenile Justice Prevention as a measure?
FAYS	21,419	22,624	22,328	20,257	Y	Y
CYD	16,140	17,135	17,135	16,785	N/A	Y
SYSN	2,526	2,526	2,863	2,863	N/A	Y
Fatherhood EFFECT	944	1,124	1,124	1,081	Y	N/A
HOPEs	8,768	9,426	9,534	9,179	Y	N/A
SMVF	1,954	1,461	1,416	1,844	Y	N/A
THV	4,392	5,823	6,624	7,719	Y	N/A
TNFP	3,075	3,022	3,077	3,270	Y	N/A
Total	59,218	63,141	64,101	62,998		

Table 9. Number of Families and Youth Served by FSS in fiscal year 2024

Program	Unduplicated Families / Primary Caregivers	Unduplicated Youth	Total Served*
FAYS	17,926	20,708	20,708
CYD	Not Applicable - Youth Serving Program	16,723	16,723
SYSN	Not Applicable - Youth Serving Program	3,116	3,116
Fatherhood EFFECT	928	Not Applicable - Family Serving Program	928
HOPEs	12,346	Not Applicable - Family Serving Program	12,346
SMVF	1,561	Not Applicable - Family Serving Program	1,561
THV	7,992	Not Applicable - Family Serving Program	7,992
TNFP	4,253	Not Applicable - Family Serving Program	4,253
Total	45,006	40,547	67,627

Total number served can include duplicated families as youth may be served individually or as part of a family unit.

Program Outcomes

According to the Centers for Disease Control and Prevention, promoting safe, stable, nurturing relationships and environments through primary and secondary prevention programs and services decreases rates of child maltreatment, long-term physical ailments, behavioral health issues, substance use, crime rates, and poor educational outcomes.

To measure programs’ effectiveness towards preventing child maltreatment and juvenile delinquency, all FSS programs measure the percentage of children who remain safe or who are not referred to juvenile justice as a result of programming. These outcomes can be measured as short, medium, or long-term outcomes and are dependent on the age of children and youth served by each program. For example, home visiting programs serving families with children under five years old would not have engagement with the juvenile justice system as a short-term outcome. FSS participates in continuous quality improvement projects at both a state level and local level to improve outcomes.

Table 10. Child Safety and Juvenile Justice Outcomes

FSS Outcome Measures	FY20	FY21	FY22	FY23	FY24
Percent of CYD youth not referred to juvenile probation	98.49%	98.71%	98.45%	98.14%	98.35%
Percent of SYSN youth not referred to juvenile probation	98.99%	99.10%	98.86%	98.92%	98.17%
Percent of FAYS youth not referred to juvenile probation	94.20%	95.75%	94.60%	92.96%	95.75%
Percent of FAYS youth who remain safe*	97.40%	97.49%	96.95%	97.09%	96.93%
Percent of Fatherhood EFFECT children who remain safe*	98.67%	98.15%	97.52%	96.19%	98.35%
Percent of HOPES children who remain safe*	96.37%	97.28%	97.05%	97.03%	96.84%
Percent of THV children who remain safe*	97.84%	98.56%	97.75%	98.13%	98.23%
Percent of TNFP children who remain safe*	96.30%	96.81%	97.33%	96.83%	97.10%
Percent of SMVF children who remain safe*	97.49%	99.05%	97.86%	99.05%	98.77%

*This is a measure of the participating children or youth do not become a confirmed victim in a child protective investigation while they or their family are receiving services through FSS.

The Texas Home Visiting and Texas Nurse-Family Partnership programs continue to use FSS’ reporting system, PEIRS, to track home visiting outcomes at the state level, as well as performance measures for grantees that also receive federal funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. These are shown in the below tables.

Table 11. Texas Home Visiting State Outcomes

PEI Outcome Measures	FY24
Maternal and Newborn Health: Percent of women who breastfeed for at least six months postpartum. (State rate for general population: 54%)	43.4%
Maternal and Newborn Health: Percent of children enrolled in home visiting who received the last recommended well-child visit based on the American Academy of Pediatrics schedule.	48.7%
Maternal and Newborn Health: Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born full-term following program enrollment.	87.1%
School Readiness and Achievement: Number of primary caregivers and/or family members reading, telling stories, or singing to or with their children daily at six months post-enrollment or post-birth divided by the total number of primary caregivers enrolled at least six months post-birth.	76.4%
School Readiness and Achievement: Percent of primary caregivers who show an increased parent-child interaction score on PICCOLO or DANCE from enrollment to 12 months post-enrollment, or at 10 months post-enrollment for HIPPY.¹¹	55.5%
Family Economic Self-Sufficiency: Percent of primary caregivers who exit the program employed and/or participating in an educational program.	43.2%

¹¹ These two assessments, The Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) Tool and the Dyadic Assessment of the Naturalistic Caregiver-Child Experience (DANCE) assessment, measure developmentally supportive parenting behaviors. It allows home visitors to assess and develop individualized interventions that help parents improve positive outcomes.

Table 12. Texas Home Visiting – MIECHV Performance Measures, Maternal and Newborn Health Outcome Measures

Maternal and Newborn Health Outcome Measures	FY24	MIECHV National Benchmark
Preterm Birth – Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment.	13.0%	12.5%
Breastfeeding – Percent of infants (among mothers enrolled in home visiting prenatally) who were breastfed any amount at 6 months old.	43.6%	43.5%
Depression Screening – Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery for those enrolled prenatally.	66.3%	81.8%
Well Child Visit – Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics schedule.	51.6%	69.7%
Postpartum Care – Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery.	56.3%	71.8%
Tobacco Cessation Referrals – Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within three months of enrollment.	25.1%	54.8%

Table 13. Texas Home Visiting – MIECHV Performance Measures, Child Safety Outcome Measures

Child Safety Outcome Measures	FY24	MIECHV National Benchmark
Safe Sleep – Percent of infants enrolled in home visiting who are always placed to sleep on their backs, without bedsharing or soft bedding.	46.3%	64.3%
Child Injury – Rate of injury-related visits to a hospital emergency department since enrollment among children enrolled in home visiting.	0.02	0.03

Child Safety Outcome Measures	FY24	MIECHV National Benchmark
Child Maltreatment – Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period.	3.4%	7.7%

Table 14. Texas Home Visiting – MIECHV Performance Measures, School Readiness and Achievement Outcome Measures

School Readiness and Achievement Outcome Measures	FY24	MIECHV National Benchmark
Parent Child Interaction – Percent of primary caregivers enrolled in home visiting who received an observation of caregiver-child interactions by the home visitor using a validated tool.	54.5%	62.8%
Early Language and Literacy Activities – Percent of children enrolled in home visiting with a family member who reported that during a typical week she/he read, told stories, and/or sang songs with their child daily, every day.	65.2%	82.6%
Developmental Screening – Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.	33.1%	76.7%
Behavioral Concerns – Percent of home visits where primary caregivers were asked if they have any concerns regarding their child’s development, behavior, or learning.	90.4%	93.9%
Intimate Partner Violence Screening – Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence using a validated tool.	78.7%	78.6%

Table 15. Texas Home Visiting – MIECHV Performance Measures, Family Economic Self-Sufficiency Outcome Measures

Family Economic Self-Sufficiency Outcome Measures	FY24	MIECHV National Benchmark
Primary Caregiver Education – Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent, and subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting.	14.5%	29.8%
Continuity of Insurance Coverage – Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months.	67.6%	83.4%

Table 16. Texas Home Visiting – MIECHV Performance Measures, Coordination and Referrals for Other Community Resources and Supports Outcome Measures

Coordination and Referrals for Other Community Resources and Supports Outcome Measures	FY24	MIECHV National Benchmark
Completed Depression Referrals – Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.	11.7%	40.9%
Completed Developmental Referrals – Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner.	22.6%	66.5%
Intimate Partner Violence Referrals – Percent of primary caregivers enrolled in home visiting with positive screens for intimate partner violence (measured using a validated tool) who receive referral information to related resources.	21.7%	59.9%

Protective Factors & Family Resiliency

In addition to measuring family involvement with the child welfare and juvenile justice systems, it is equally important to measure the progress a family is able to achieve through services. To assess this FSS measures the increase in parental protective factors using the Protective Factors Survey. The Protective Factors Survey was designed in 2004 by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP). Parents complete the survey at the start of services and again at discharge to measure five major domains.¹²

Almost 98 percent of families reported an increase in at least one protective factor. For 91 percent of families, there was an increase in all domains.

Table 17. Protective Factors and Their Descriptions Based on the Protective Factors Survey

Protective Factor Domains	Description
Family Functioning/Resiliency	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and to accept, solve, and manage problems.
Social Support	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Child Development and Knowledge of Parenting	Understanding and using effective child management techniques and having age-appropriate expectations for children's abilities.
Nurturing and Attachment	The emotional tie, along with a pattern of positive interaction, between the parent and child that develops over time.

¹² The Protective Factors Survey User's Manual Revised, October, 2011. Retrieved from: <https://friendsnrc.org/wp-content/uploads/PFS-User-Manual.pdf>.

Family Involvement in Child Welfare System

FSS programs can be used to engage high-risk populations prior to family crisis, help divert a child from the child welfare system, and set a positive course for the child and family. A strong indicator of future child maltreatment is prior involvement with the child welfare system. All FSS services are voluntary and situated in the community as an upstream support. Child Protective Investigations (CPI) often refer families to FSS-funded programs when allegations are either unsubstantiated or do not require more intensive intervention by Child Protective Services (CPS). While FSS providers can limit the number of families served with open or prior CPS history, they have the flexibility to serve any family that seeks support. However, considering that the services are prevention-oriented, providers must continue to target and serve families prior to child welfare investigations and interventions.

FSS compares data for families served to determine if children remain safe both during FSS services and after. Data is matched during services, as well as one year and three years after discharge or completion of services. When measuring “safe in care” for families while they are receiving services, 98 percent of children do not become a confirmed victim in a CPS investigation, and 91 percent did not become a confirmed victim three years after receiving services.

Table 19. Fiscal Year 2024 Involvement in the Child Welfare System for Primary Caregivers Who Received FSS Services

FSS Program	Percent of Open FSS Enrollments With a CPI/CPS Stage That Started Prior to the FSS Enrollment*	Percent of Open FSS Enrollments With a CPI/CPS Stage That Started During the FSS Enrollment*	Percent of FSS Enrollments With a CPI/CPS Stage That Started Within a Year of Discharging from FSS Services	Percent of FSS Enrollments With a CPI/CPS Stage That Started Within 3 Years of Discharging from FSS Services
CYD	29.93%	1.65%	1.93%	5.48%
Fatherhood EFFECT	32.44%	1.65%	4.21%	10.32%
FAYS	40.07%	3.07%	5.86%	11.44%
HOPES	23.72%	3.16%	5.71%	14.51%
SMVF	8.20%	1.23%	1.87%	7.91%
SYSN	12.97%	1.83%	2.10%	4.83%
THV	9.70%	1.77%	1.93%	6.02%
TNFP	5.38%	2.90%	2.58%	9.03%
Total	25.59%	2.42%	4.25%	9.30%

*Note: Includes FSS registrations open at any time during fiscal year 2024 where there was also a service date in fiscal year 2024. A child can be involved in multiple registrations. Open Case counted for CPI/CPS cases in which the index child or youth was listed as a principal in an Investigation, Alternative Response, Adoption, Family Preservation, Family Reunification, Family Substitute Care, Substitute Care, or Preparation for Adult Living stage. The stage had to start on or before August 31, 2024, and could not have a stage closure date more than 30 days before the FSS registration date. FSS registrations that started later in the fiscal year have not had as much time for the index child or youth to become involved in a CPI or CPS stage.

Program Spotlights

The programs highlighted in this section provide additional details that are required for program monitoring and evaluation as required under [Texas Human Resources Code §137.107](#) and to provide additional details specific to FSS' Texas Home Visiting program as required by [Texas Human Resources Code §137.257](#). Some required elements, such as number of families served, demographic information, and overall program outcomes are contained in their respective sections of the overall report.

Home Visiting Programs

Children younger than 5 years old are widely recognized as the most vulnerable for child maltreatment. Not yet in school, and often interacting only with caregivers, young children can be at a magnified risk for abuse or neglect. FSS services and supports help mitigate the risk factors in a family that may lead to abuse or neglect and help caregivers find resources, supports, or coping strategies that allow them to parent effectively, even under stress.

Home visiting services help bridge the gap between risk factors that lead to child maltreatment and the promotion of positive outcomes in health, education, development, and family resiliency. Providing services in the home or in a space that meets the family's needs often allows families to participate longer in programs and for providers to directly address specific issues as they arise. Home visiting is a component of multiple programs funded by FSS, and each has associated evidence-based curricula. All home visiting programs include:

- An initial home visit to assess families' needs and create a service plan.
- Case management to facilitate and ensure the provision of family support services.
- An evidence-based parent education program to enhance the parents' ability to provide a safe and stable home environment for the child.

Providers also work with families to connect them to other services and resources as needed. Other features of the programs include support services, basic needs support, and community outreach.

While not all evidence-based home visiting programs address the full list of outcomes below, they often impact multiple factors that lead to stronger outcomes.

FSS home visiting programs must have positive outcomes in at least two of the following areas:

- Improved maternal or child health outcomes.
- Improved cognitive development of children.
- Increased school readiness of children.
- Reduced child abuse, neglect, and injury.
- Improved child safety.
- Improved social-emotional development of children.
- Improved parenting skills, including nurturing and bonding.
- Improved family economic self-sufficiency.
- Reduced parental involvement with the criminal justice system.
- Increased father involvement and support.

The Texas Home Visiting Program provides services through 35 grantees with 21 subgrantees in 47 counties. Grantees currently implement one or more of the following eight evidence-based models based on the needs of the community. Promising practice home visiting models were not used in fiscal year 2024.

Table 20. Cost Per Family Based on the Eight Evidence-Based Home Visiting Models Utilized by FSS Grantees

Model	Average Cost Per Family*	FY24 Grantee Expenditures on Evidence-based Models*
Healthy Families America	\$8,763.06	\$1,410,853.29
Home Instruction for Parents of Preschool Youngsters	\$3,842.85	\$7,201,494.25
Nurse-Family Partnership	\$4,904.42	\$26,572,131.63
Parents as Teachers	\$4,353.39	\$21,170,546.29
Promoting First Relationships	\$1,948.17	\$173,386.92
SafeCare Augmented	\$9,419.29	\$2,081,663.46
Family Check-Up for Children**	\$5,555.55	FY25: \$600,000
Play and Learning Strategies**	\$5,413.11	FY25: \$1,900,000

*Fiscal year 2024 year-to-date expenditures are used to provide cost per family as fiscal year 2024 billing will not be finalized until after publication. Final fiscal year 2024 cost per family will be available in January 2025. Expenditures and cost per family is based on overall expenditures for each model when they are part of a Texas Home Visiting, Texas Nurse Family Partnership, or HOPES grant.

**These models started during fiscal year 2024 and expenditures were for ramp-up to fully serving families in fiscal year 2025. Fiscal year 2025 budgeted cost per family is provided.

Grantees also provide additional services that connect families to Texas Home Visiting services and also address maternal mental health. Five grantees are implementing Family Connects as an evidence-based universal intake and referral program in their communities to ensure eligible families are referred to targeted, intensive home visiting models. Grantees may use the Mothers and Babies curriculum as an enhancement to home visiting models. Mothers and Babies is an evidence-based intervention for expectant and new parents to help manage stress, improve mood, and prevent perinatal depression. It is designed to be easily implemented by providers and readily used by parents in their daily lives. The intervention consists of six modules that can be delivered individually across home visits or in a group setting and series.

Communities also build early childhood partnerships that support comprehensive early childhood systems and referral pathways. FSS requires grantees to lead or engage with a local or regional coalition of parents and caregivers, community organizations, providers, businesses, and institutions who share a common goal of supporting healthy early childhood development, promoting maternal health, strengthening families and family supports, preventing child abuse and neglect, promoting school readiness and early learning, promoting caregiver mental health, or a combination of these.

Service Members, Veterans, and Families Program

In 2015, the Texas Legislature required the creation of a pilot program for child abuse prevention for military families and veterans (House Bill 19, 84th Legislature, Regular Session, 2015). This legislation directed DFPS to develop and implement a prevention program to serve military and veteran families that have committed, experienced, or who are at a high risk of family violence and/or child abuse and neglect. From that original pilot to the current expanded program, the Texas SMVF Program is designed to not only serve active-duty military personnel, but also Texas National Guard members, Ready Reservist, discharged service members, and the local military retiree population.

With 15 active military installations, Texas has the second highest active-duty military population in the United States, and about 10 percent of all active-duty

forces in the U.S. reside in Texas. Over 115,000 active-duty members are in Texas, as well as almost 55,000 national guard members and reservists. In addition, nearly 1.6 million veterans live in Texas, the second highest number of veterans of any state in the U.S.

FSS grantees have flexibility to concentrate their resources to best fit the specific needs in their area. Each grantee uses a comprehensive plan to build and support military families’ protective factors, resulting in stronger, safer families and improved military communities. Required services include:

- Evidence-based or promising practice programs to support military families.
- Performance measures that gauge program effectiveness.
- Programs with a focus on children ages birth to 17.
- An approach focused on the needs of military and veteran families, and the military culture and environment they live in.

Table 21. Service Providers by County

County	Primary Contractor	Subcontractor (if applicable)
Bell, Coryell, Lampasas, McLennan, Williamson	The Boys and Girls Clubs of Central Texas	Texas A&M AWARE Central Texas Strong Families, Strong Forces
Bexar	United Way of San Antonio and Bexar County (UWSA)	Any Baby Can Family Service Association of San Antonio Big Brothers Big Sisters of South Texas
El Paso	Child Crisis Center of El Paso	N/A
Harris, Montgomery, Waller	Motivation, Education & Training (MET)	N/A
Kleberg, Nueces	The Council on Alcohol & Drug Abuse Coastal Bend	N/A

Conclusion

Family Support Services promotes healthy outcomes and strengthening support systems for children and at-risk families through voluntary services to youth and families across Texas. These programs and services promote opportunities for partnerships with families that capitalize on the strengths of parents and children together to build healthy families and resilient communities upstream from crisis and the need for intensive interventions.

By measuring outputs, efficiencies, and outcomes, FSS is able to target resources and ensure a high return on investment for the State of Texas.

Key Outputs and Outcomes Fiscal Year 2024

- **67,627** families and youth served.
- **99 percent** of families served increased at least one protective factor.
- **100 percent** of families served reported services met their needs or supported their parenting goals.
- **98 percent** of participating children or youth did not become a confirmed victim in a child protective investigation while they or their family are receiving services.
- **91 percent** of participating children or youth did not become a confirmed victim in a child protective investigation three years after receiving services.
- **98 percent** of youth served are not involved with the juvenile justice system.
- **2,130,826** visits to GetParentingTips.com.

Family Support Services will continue to partner with families, grantees, other agencies, communities, and stakeholders to ensure services meet the needs of families and support positive outcomes across Texas.

List of Acronyms

Acronym	Full Name
CBCAP	Community-Based Child Abuse Prevention
CPI	Child Protective Investigations
CPS	Child Protective Services
CYD	Community Youth Development
DFPS	Department of Family Protective Services
Fatherhood EFFECT	Educating Fathers For Empowering Children Tomorrow
FAYS	Family and Youth Success
FRC	Family Resource Center
FSS	Family Support Services
FY	Fiscal Year
HFA	Healthy Families America
HHSC	Health and Human Services Commission
HIPPY	Home Instruction for Parents of Preschool Youngster
HOPES	Healthy Outcomes Through Preventions and Early Support
MET	Motivation, Education & Training
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
NFP	Nurse-Family Partnership
PAT	Parents as Teachers
PEI	Prevention and Early Intervention
PEIRS	Prevention and Early Intervention Reporting System
SMVF	Service Members, Veterans, and Families
STEP	Systematic Training for Effective Parenting
SYSN	Statewide Youth Services Network
TBRI	Trust-Based Relational Intervention
TFM	Teaching Family Model
THV	Texas Home Visiting
TNFP	Texas Nurse-Family Partnership
UWSA	United Way of San Antonio and Bexar County

Appendix A: Overview of FSS Services and Supports – Accessible Listing

Note: “Y” is used to indicate that the type of service or support is used in the listed program. “N” is used to indicate that the type of service or support is not used in the listed program as of October 2024. Services and supports may change throughout a fiscal year.

Table 1. Overview of FSS Services and Supports – Accessible Version

Type of Service/Support & Program	HOPES	THV	TNFP	Fatherhood EFFECT	SMVF	FAYS	CYD	SYSN	Long-Term Youth and Family Support
1-2-3 Magic	N	N	N	N	N	Y	N	N	N
24/7 Dad	Y	N	N	Y	N	N	N	N	N
Abriendo Puertas	Y	N	N	N	N	N	N	N	N
Academic Support	N	N	N	N	N	Y	Y	N	Y
Active Parenting	N	N	N	N	N	Y	N	N	N
Aggression Replacement Training	N	N	N	N	N	Y	N	N	N
Arts and Cultural Enrichment	N	N	N	N	N	N	N	N	N
AVANCE	Y	N	N	N	N	N	N	N	N
Basic Needs Support	Y	Y	Y	Y	Y	Y	Y	N	N
Big Brothers, Big Sisters	N	N	N	N	Y	Y	N	N	N
Bounce Back	N	N	N	N	N	Y	N	N	N
Boys and Girls Club	N	N	N	N	Y	N	N	Y	N

Type of Service/Support & Program	HOPES	THV	TNFP	Fatherhood EFFECT	SMVF	FAYS	CYD	SYSN	Long-Term Youth and Family Support
CAT Project	N	N	N	N	N	Y	N	N	N
Circle of Security	Y	N	N	Y	N	N	N	N	N
Common Sense Parenting	N	N	N	N	N	Y	N	N	N
Coping Cat	N	N	N	N	N	Y	N	N	N
Counseling	Y	N	N	Y	Y	Y	Y	N	N
Curriculum-Based Life Skills	N	N	N	Y	N	N	Y	N	N
Defiant Children	N	N	N	N	N	Y	N	N	N
Defiant Teens	N	N	N	N	N	Y	N	N	N
Family Check-Up for Children	N	Y	N	N	N	N	N	N	N
Family Connects	Y	Y	N	N	N	N	N	N	N
Family Focused Activities	Y	N	N	N	N	Y	Y	N	N
Family Resource Centers	Y	Y	N	N	N	Y	N	N	N
Healthy Families America (HFA)	N	Y	N	N	N	N	N	N	N
Home Instruction for Parents of Preschool Youngsters (HIPPY)	Y	Y	N	N	N	N	N	N	N
Incredible Years	Y	N	N	N	N	Y	N	N	N
InsideOut Dad	N	N	N	Y	N	N	N	N	N
Kinship Navigator	N	N	N	N	N	Y	N	N	N
Love and Logic	N	N	N	N	N	Y	N	N	N

Type of Service/Support & Program	HOPES	THV	TNFP	Fatherhood EFFECT	SMVF	FAYS	CYD	SYSN	Long-Term Youth and Family Support
Make Parenting A Pleasure	N	N	N	N	N	Y	N	N	N
Mentoring	N	N	N	N	N	N	Y	N	Y
Mothers and Babies	Y	Y	N	N	N	N	N	N	N
Motivational Interviewing	N	N	N	N	N	Y	N	N	N
Nurse-Family Partnership (NFP)	N	Y	Y	N	N	N	N	N	N
Nurturing Fathers	Y	N	N	Y	N	N	N	N	N
Nurturing Parenting	Y	N	N	N	Y	Y	N	N	N
Parent/Youth Cafes	Y	N	N	Y	Y	Y	N	N	N
Parenting Wisely	N	N	N	Y	N	Y	N	N	N
Parents as Teachers (PAT)	Y	Y	N	Y	N	N	N	N	N
Positive Action	N	N	N	N	N	Y	N	N	N
Post-High School Readiness	N	N	N	N	N	N	Y	N	N
Promoting First Relationships	Y	Y	N	N	N	N	N	N	N
Resource and Referral Navigation	Y	Y	Y	Y	Y	Y	Y	Y	Y
SafeCare	Y	N	N	N	Y	N	N	N	N
SafeCare Augmented	N	Y	N	N	N	N	N	N	N
Seeking Safety	N	N	N	N	N	Y	N	N	N
Sports and Movement	N	N	N	N	N	N	Y	N	N
Strengthening Families	N	N	N	N	N	Y	N	N	N

Type of Service/Support & Program	HOPES	THV	TNFP	Fatherhood EFFECT	SMVF	FAYS	CYD	SYSN	Long-Term Youth and Family Support
Strong Families, Strong Forces	N	N	N	N	Y	N	N	N	N
Support Groups	Y	N	N	Y	Y	Y	N	N	N
Systematic Training for Effective Parenting (STEP)	Y	N	N	N	Y	Y	N	N	N
Teaching Family Model (TFM)	Y	N	N	N	N	N	N	N	N
Therapy modalities	Y	N	N	N	N	Y	N	N	N
Triple P	Y	N	N	N	Y	Y	N	N	N
Trust-Based Relational Intervention (TBRI)	Y	N	N	N	N	Y	N	N	N
upLIFT	Y	N	N	N	N	N	N	N	N
upWORDS	Y	N	N	N	N	N	N	N	N
Why Try	N	N	N	N	N	Y	N	N	N
Workforce Readiness/College Readiness	N	N	N	N	N	N	Y	N	N
Wraparound Services	Y	N	N	N	Y	N	N	N	N
Youth Leadership Development	N	N	N	N	N	N	Y	N	N